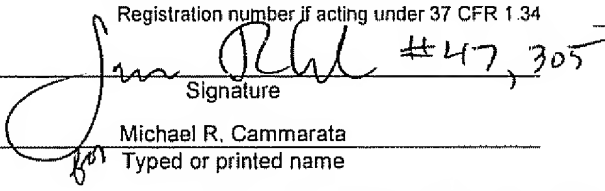


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|---|---|-------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618)) | | Docket Number (Optional) 0879-0371P | |
| Application Number 10/047,022-Conf. #5712 | | Filed January 17, 2002 | |
| For A DIGITAL CAMERA USING AN INDICATING DEVICE TO INDICATE A PLURALITY OF FUNCTIONS | | | |
| Art Unit 2622 | | Examiner K L Jerabek | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$ 120 00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ |
| <input type="checkbox"/> | Applicant claims small entity status See 37 CFR 1.27 | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed | | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached | | |
| <input checked="" type="checkbox"/> | The Director has already been authorized to charge fees in this application to a Deposit Account | | |
| <input checked="" type="checkbox"/> | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 I have enclosed a duplicate copy of this sheet | | |
| I am the <input type="checkbox"/> applicant/inventor | | | |
| <input type="checkbox"/> assignee of record of the entire interest See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) | | | |
| <input checked="" type="checkbox"/> attorney or agent of record Registration Number 39,491 | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34 Registration number if acting under 37 CFR 1.34 | | | |
|  | | July 23, 2007 | |
| Signature | | Date | |
| Michael R. Cammarata | | (703) 205-8000 | |
| for Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below. | | | |
| <input type="checkbox"/> Total of 1 forms are submitted | | | |